

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-575)

10/554053

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		0					51					
2		/		/				52					
3		0		1				53					
4		0		1				54					
5		0		1				55					
6		0		1				56					
7		0		1				57					
8		0		1				58					
9		0		1				59					
10		0		1				60					
11		0		1				61					
12		0		1				62					
13		0		1				63					
14		0		1				64					
15		0		1				65					
16		0		1				66					
17		0		1				67					
18		0		1				68					
19		0		1				69					
20		0		1				70					
21		0		1				71					
22		0		1				72					
23		0		1				73					
24		0		1				74					
25		0		1				75					
26		0		1				76					
27		0		1				77					
28		0		1				78					
29		0		1				79					
30		0		1				80					
31		0		1				81					
32		0		1				82					
33		0		1				83					
34		0		1				84					
35		0		1				85					
36		0		1				86					
37		0		1				87					
38		0		1				88					
39		0		1				89					
40		0		1				90					
41		0		1				91					
42		0		1				92					
43		0		1				93					
44		0		1				94					
45		0		1				95					
46		0		1				96					
47		0		1				97					
48		0		1				98					
49		0		1				99					
50		0		1				100					
TOTAL CND.	/	↓	/	↓				TOTAL CND.	↓				
TOTAL CND.	9	↑	10	↑				TOTAL CND.	↓				
TOTAL CLMNS	10	[REDACTED]	11	[REDACTED]				TOTAL CLMNS	[REDACTED]				

PTO-1060 (REV. 5/13)

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